

No. 2  
-2-43  
17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14419

Registration District No. 68, Primary Registration District No. 5267, Registrar's No. 3

1. PLACE OF DEATH:

(a) County Spokane

(b) City or town Spokane R.R. District  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Oak Ridge District  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1  
(Specify whether years, months or days)

In this community West of Hin Lake

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Spokane R.R. 22  
(If outside city or town limits, write "RURAL")

(d) Street No. Oak Ridge District  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ples Keithley

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Keithley 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Oct 20<sup>th</sup> 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Wm Keithley

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Horeian Titmworth

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Linga Bilson

(b) Address Ozark Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director F.B. Chaffin  
(b) Address Ozark Mo.

19. (a) 2-4-44 (Date received local registrar) (b) Mabel Mapes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22  
year 1944 hour 5- minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 18, 1943, to Jan 22, 1944  
that I last saw him alive on Jan 21, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration \_\_\_\_\_

Due to Arteriosclerosis with Paralysis left arm and leg

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 94 Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J.H. Wade (M. D. or other) \_\_\_\_\_  
Address Ozark Mo. Date signed 1-25-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1361

RECEIVED

District Health Officer No. 6,  
District File Num. 244-184  
Date Filed FEB 11 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

*This Body was not Embalmed*  
Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7ab.

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jones Christian  
(b) City or town Spokane R.R.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Oak Ridge Dist.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Mrs Keithley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Oct. 20  
(Month) (Day) (Year)

8. AGE:

Years 63 Months 3 Days 10 If less than one day \_\_\_\_\_ min.

9. Birthplace Spokane, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Mrs Keithley

13. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Worrens Littleworth

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Bilyeu

(b) Address Oak Mo

17. (a) Burial (b) Date thereof 1-23  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director J. B. Chaffin

(b) Address Oak Mo

19. (a) 2-4-44 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 2  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ live on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. N. Wade (M. D.) or other \_\_\_\_\_  
Address Oak Mo Date signed 1-25-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

RECEIVED  
JAN 23 1944  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

14419